



Washtenaw Community Health Organization

Approaches to Integrated Care

A Brief History of the WCHO

- Formed in 2000 by Washtenaw County and the University of Michigan
 - Via an Amendment to State Mental Health Code
 - Under the Authority of the Urban Cooperation Act
 - Public-Public Partnership
 - Establishes Separate Public Governmental Entity
 - 12 Member Board
 - 6 Appointed by County Commission
 - 6 Appointed by Regents of the University
 - Vision and Purpose
 - Acknowledge Health as a Vital Component of Recovery
 - Improve Consumer Outcomes by Connecting Separate Systems and Value Streams
 - Explore a Range of Approaches/Options to Integrate Care

Pre-Formation Considerations

- Health Care Marketplace Developments
 - Michigan Medicaid
 - Evolving Integrated Health Care Delivery Systems
 - Mergers and Consolidation
- Changing Role of Academic Medical Centers
 - University Interest in Partnerships
 - Applying Lean Thinking to Health Systems
- Future of Mental Health “Exceptionalism”
 - Questioning Carve-Outs
 - M-Care as a QHP
- Renewed Attention to Primary Care
 - Interest in Mental Health-Primary Care Interface

Adjustments & Initial Integration Steps

- Environmental Changes Post-Formation
 - Medicaid Behavioral Health Carve-Out Retained
- Developing Platform for Integration
 - WCHO's "Integrator" Function
 - Shared Governance, Planning and Key Management Staff
 - Personal Health Reviews Required for All Consumers
 - Mapping/Deploying Pathways, Protocols, Processes, and Teams to Address Physical/Behavioral Health Needs
 - High Cost/High Complexity Care Management
 - Care Management and Clinical Integration Components
 - Electronic Health Record/Information Exchange
 - Resources: Distinct But "Braided" Together

Meanwhile: A National Awakening....

- **Persons with SMI or SMI/SA**

- Morbidity Patterns and Mortality Rates
 - Elevated Health Risk Profile
 - Poorer Health Status/Higher Burden of Illness
 - Higher Rates of Chronic Physical Illnesses
 - Higher Frequency of Multiple Chronic Diseases (Multimorbidity)
- Provision of Health Care
 - Less Access to Routine and Ongoing Primary Care
 - Less Likely to Receive Care Consistent with:
 - Established Clinical Guidelines
 - Care Monitoring/Coordination Protocols
 - Chronic Care/Disease Management Models
 - Recommended Preventive Screening/Wellness Promotion
- New Sense of Urgency
 - How to Address Primary & Behavioral Health Needs

...And Converging Health Policy Issues

- Coverage, Access, and Cost Problems
- Population Health Disparities
- Delivery System Fragmentation
 - Different Coordination/Integration Proposals
- Health Information Technology/Exchange
- Chronic Illness Management Concerns
 - Chronic Care Model
- Fragile State of Primary Care
 - Re-emergence of the Medical Home Concept
 - Multiple Dimensions and Differing Emphasis
 - Medicare and Medicaid
- Health Reform - Passage of PPACA

WCHO: Base Integration Models

- Tracking Health Status & Addressing Needs
 - Health Appraisal/Monitoring as Part of BH Care
 - Promoting Wellness - Addressing Risk Factors
 - Linking with Primary Health Home
 - Coordination Platform Developed with UMHS
- Moving Behavioral Health into Primary Care
 - Behavioral Health Specialists Stationed at High Volume Clinics and Other Practice Sites
 - Demand Management
 - Serve Consumers in Stable Recovery
 - Guidelines for Placement
 - Psychiatrist Available to Consult with Primary Care Practitioners

WCHO: Second Generation Integration

- Medicaid Disease Management Pilot
 - Population, Disease States, Condition Clusters
 - Disease Management Interventions
 - Beneficiary
 - Direct Interventions
 - Care Plan
 - Self-Management Training & Peer Supports
 - Provider/Practice Sites
 - Medical Home Payments
 - System Level
 - Clinical Guidelines and Care Practice Protocols
- What We Learned from Claims Data

Current Activities and Interests

- SAMHSA Grant
 - Moving Primary Care into Behavioral Health
 - On Site Primary Care Services
- PPACA Section 2703
 - Medicaid Beneficiaries with Designated Chronic Health Conditions
 - Establishment of Health Homes
 - Models
 - Payment Arrangements
 - CMS Guidance
- Accountable Care Organizations (ACO)
- Community Health Teams